

Patricia Booker

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/573297

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
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37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	49	↓		↓		↓
TOTAL DEP.	68	←		←		←
TOTAL	117					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52	1					
53		1				
54	1					
55		5				
56		1				
57		1				
58		1				
59		1				
60	1					
61						
62		1				
63	1					
64						
65						
66						
67						
68						
69						
70		1				
71	1					
72		5				
73	1					
74						
75	1					
76		5				
77	1					
78		1				
79	1					
80		1				
81	1					
82						
83						
84						
85	1					
86		1				
87	1					
88		5				
89	1					
90						
91						
92	1					
93		1				
94		5				
95	1					
96						
97	1					
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL						